



2811

Attorney Docket No.: 0190118

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Mann, et al.

SERIAL NO.: 09/680,036 FILED: October 5, 2000

FOR: Tapered Threshold Reset FET for CMOS Imagers

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

| <input type="checkbox"/> EXTENSION FEE | RATE Non-Small Entity | RATE Small-Entity | FEE |
|--|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 110.00 | 55.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 420.00 | 210.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 950.00 | 475.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,480.00 | 740.00 | \$ |

TOTAL EXTENSION FEE \$ _____
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|---------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 29 | MINUS **49 | * = 0 | x 18 | x 9 | \$ |
| INDEPENDENT | 4 | MINUS ***4 | * = 0 | x 86 | x 43 | \$ |
| First presentation of multiple dependent claim | | | | + 290 | + 145 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ _____

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$_____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 10/23/03

By:


Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450

Date of Deposit: 10/23/03

Lori Llave

Name of Person Mailing Paper and/or Fee

Lori Llave

Signature

10/23/03

Date

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